

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Yasunori KUROSAWA et al.

Serial No: 10/803,178

Confirmation No: 4143

Filed: March 17, 2004

For: Semiconductor Device and Method with External
Terminal Joined to Concave Portion of Wiring Layer (as
amended)

Art Unit: 2814

Examiner: Doan, Theresa T.

I hereby certify that this correspondence is
being deposited with the United States Postal
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mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
December 28, 2005

Date of Deposit

Juanita Soberanis

Name

Signature

12/28/2005

Date

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- ☒ Amendment.
☒ Terminal Disclaimer.
☒ Return Postcard.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	14	-	20 **	0	LG=\$50 SM=\$25	\$50	\$ 0	
INDEPENDENT CLAIMS FEE	6	-	3 ***	3	LG=\$200 SM=\$100	\$200	\$ 600	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$	
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$	
Independent Claims: 1, 2, 3, 9, 10 and 11							TOTAL	\$ 600

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$___ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge \$600 for the additional claims fee to Deposit Account No. 50-1314. The Commissioner is authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Troy M. Schmelzer
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Date: December 28, 2005

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